

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 581632 RECEIPT DATE: 06 / 13 / 00  
IA NUMBER: PCT/ JP99 / 06333 IA FILING DATE: 11 / 12 / 99  
FAMILY NAME: CHIKADA DELAY WAIVED (Y/N): N  
GIVEN NAME: MICHIYASU DEMAND RECEIVED (Y/N): N  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 11 / 12 / 98  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: 9683/63 COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
FAX

NAME: BRINKS HOFER GILSON & LIONE

STREET: P O BOX 10395

CITY: CHICAGO

STATE/COUNTRY: IL ZIP: 60610

EMAIL:

APPLICATION TITLES:

COMMUNICATION ~~CONTROL~~ METHOD, COMMUNICATION CONTROL APPARATUS AND STORAGE MEDIUM ~~CONTROL~~

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Bib Data Sheet


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Washington, D.C. 20231

SERIAL NUMBER 09/581,632	FILING DATE 06/13/2000 RULE	CLASS 709	GROUP ART UNIT 2756	ATTORNEY DOCKET NO. 9683/63
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**APPLICANTS**
 MICHIYASU CHIKADA, CHIBA, JAPAN;  
 TETSUYA TANIGUCHI, KANAGAWA, JAPAN;
**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/JP99/06333 11/12/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 10/322605 11/12/1998

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 07/14/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**
 BRINKS HOFER GILSON & LIONE  
 PO BOX 10395  
 CHICAGO, IL 60610
**TITLE**

METHOD AND APPARATUS FOR COMMUNICATION CONTROL, AND RECORDING MEDIUM

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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*yo MD*

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Verified and Acknowledged	<i>Wm</i> <i>MD</i>		
Examiner's Signature	Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
JAPAN	10	17	3

## ADDRESS

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## TITLE

COMMUNICATION CONTROL METHOD, COMMUNICATION CONTROL APPARATUS AND STORAGE MEDIUM

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